

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

667

Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 2001 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

(WARNER)1. NAME **STANHOUSE**
Last First MIHHR 2-1803 HENRY
WILLIAM2. BUSINESS PHONE **512/473-2157****1001832**3. BUSINESS ADDRESS **1122 Colorado St., Suite 2301**, Austin, TX 78701
Street and No. City State ZipMAILING ADDRESS **Same**
Street and No. City State Zip4. EMPLOYER **E. I. du Pont de Nemours and Company**5. EMPLOYER'S ADDRESS **1007 Market Street**, Wilmington, DE 19898
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name **E. I. du Pont de Nemours and Company**Address **1007 Market Street, Wilmington, DE 19898**Business or purpose **DuPont is a science company, delivering science-based solutions in food and nutrition; health care; apparel; home and construction; electronics; and transportation.** New Representation

Does this person pay you?

If No, who pays you?

 Terminated Representation as of **12/31/00**

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2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

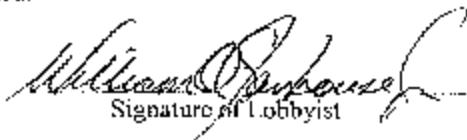
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



William P. Roberson
Signature of Lobbyist